

REQUEST TO DONATE VACATION LEAVE

(Complete and submit to the Catastrophic Leave Sharing Program Coordinator Elaine Andrews
in Human Resources, L-707 or fax to ext. 22401)

Donating Employee Name: Emp. No. Wk. Phone: Payroll Acct. L-Code

I hereby authorize the transfer of my accrued vacation hours in the amount indicated below. My signature below certifies my understanding of the following:

- Donation must be a minimum of eight hours
- Donation must be in whole hour increments
- Donation may not exceed 50% of vacation balance
- Donation must be voluntary
- Donation will be anonymous (i.e., management will not identify donor)
- Donation must be received by CLSP Coordinator, L-707, not later than 25th of the month in order for leave to transfer effective the first the following month.
- Once processed and transferred by LLNL Payroll, donation is irrevocable

Recipient Name or Identifier Code:

Hours Donated:

My signature below certifies that this donation is made voluntarily without coercion or intimidation and without expectation of any benefit in exchange for this donation. I understand that my accrued vacation balance will be reduced accordingly, and that any unused donated vacation will be refunded to me.

Donating Employee Signature

Date

Official Use:

Authorized to donate vacation leave [] Yes [] No:

Human Resources Representative

Date

Payroll Use Only

Donating Employee ID Number _____ Debited _____ Vacation Leave Hours

Recipient Employee ID Number _____ Credited _____ Vacation Leave Hours

Payroll Signature

Date

